

MARYLAND HEALTH CARE COMMISSION

BID BOARD NOTICE

Procurement ID Number: MHCC-10-015

Issue Date: June 8, 2010

Title: Strategic Initiatives Support for the Maryland Patient Centered Medical Home Program

I. Background

On April 13, 2010 Governor O'Malley signed HB 929/SB 855 that requires the Maryland Health Care Commission (MHCC) to establish a Patient Centered Medical Home (PCMH) Program. Insurers, health maintenance organizations (HMOs), managed care organizations (MCOs), and nonprofit health service providers are authorized to pay a patient centered medical home for providing expanding access to care and managing patients' chronic conditions. The bill authorizes carriers to share medical information about a covered individual who elects to participate in a medical home with the individual's medical home and other treating providers. The bill takes effect July 1, 2010 and terminates December 31, 2015.

The PCMH pilot will test whether this new form of primary care, centered on the patient and founded on team-oriented care, can meet the twin objectives in the charge to improve health care quality and lower costs. At the same time, the Pilot will assess whether the PCMH model can address other pressing challenges facing primary care delivery in Maryland due to poor reimbursement and provider dissatisfaction with existing work styles in the current care delivery model.

The PCMH program includes the following elements:

- Primary care practices – physician and nurse practitioner led pediatrics, family practice, internal medical, and geriatric practices will be eligible to participate.
- The program hopes to cover 200,000 patients under the program, which could translate to about 50 practices and 200 providers.
- Practices must apply for NCQA PPC-PCMH Level 1 recognition (plus) within 6 months of acceptance and Level II (plus) within 18 months.
- Patients will be assumed to participate, but may opt-out, except for the Medicaid population.

Practices that participate will be rewarded according to the following general formula:

- Fee for service or capitation as currently implemented by the plan.
- Care management costs for providing services inherent to a PCMH, but not currently recognized under existing CPT/HCPCS definitions. Payers would have flexibility in how the payment is made using a specially designated HCPCS code, similar to the approach envisioned in the original CMS PCMH pilot, or as a lump-sum practice payment based on the number of patients attributed to that PCMH for a given carrier.
- Bonus Payments: Practices participating in the PCMH would be required to report on a predetermined number of the PQRI recognized quality measures appropriate for that practice (an independent set of measures is being devised for pediatrics.) Performance on the quality measures is a criterion for participation in the shared savings achieved through the pilot. Under this approach, a satisfactory performance score is a prerequisite for participating in the financial reward structure. If the practice generates savings relative to its own adjusted baseline costs, the practice will be eligible for an efficiency bonus payment.

II. DESCRIPTION OF THE WORK

The Commission seeks a consultant to support development of strategic initiatives for the Maryland Patient Centered Medical Home Program (PCMH). The Commission will issue specific task orders in one or more of the study areas outlined above. The consultant will perform up to three (3) task orders, subject to funds available. Any task order may involve all or part of the work described below. At the start of all tasks, MHCC will issue a statement of work describing what needs to be accomplished, the deadline for completion, and any specific methods that should be used. The consultant will estimate the expected number of hours that will be needed to complete the tasks. The total funding available for the performance of Task Orders in any given year shall not exceed \$25,000.

A. Strategies Initiative Tasks

Each of these tasks will be assigned separately. The consultant should assume that at any given time he/she may be simultaneously working on up to two tasks.

1. Development of an Outreach and Engagement Provider Plan

The consultant will develop an outreach and engagement strategy that will detail how the MHCC will identify, educate, engage, select, and transform practices that will serve the approximately 200,000 patients that Maryland hopes to enlist for the PCMH program.

The plan must include flexibility to account for the uncertainty on funding for practice transformation effort and the level of participation of Medicaid MCOs. As the participation of Medicare beneficiaries is dependent on the award of a competitive CMS grant, the plan must include scenarios for the participation of elderly patients and the limited participation of some practices that are simultaneously participating in another CMS grant.

The consultant will be responsible to the Director for Analysis and Information Services in completing this request. The Director may require that the consultant present the plan to external groups including physicians, carriers, or members of the business community.

2. Develop an Evaluation Procurement Plan and RFP

The MHCC must develop a Request for Proposals (RFP) that will lead to the identification of a researcher that will design an evaluation plan to monitor performance and provide feedback to participating payers, providers, and communities. The consultant shall develop the procurement plan and RFP for release to interested consulting firms and researchers by late August. The evaluation will address must address key criteria specified in the legislation that established the Maryland PCMH Program. These criteria include...

- improvements in health care delivery,
- increased patient satisfaction with care,
- increased clinician and staff work satisfaction,
- improved clinical care processes,
- lower total costs of care,
- increased access to care coordination,
- adequacy of enhanced payments to cover expanded services, and
- reductions in health disparities.

The Maryland PCMH Program will apply for the CMS **Multi-payer Advanced Primary Care Practice Demonstration Grant**. The CMS grant requires that the selected state initiatives include an evaluation to determine how the PCMH intervention intervention has affected access to care (particularly primary care), quality of care (using structure, process, and outcome measures), and patterns of utilization and expenditure.

In developing the plan, the consultant shall identify firms that would be potentially be interested in responding. The plan recommend types of deliverables the RFP should require so implications of the evaluation findings can understood by policymakers, practices, carriers, and consumers. The consultant will also recommend approaches for using the evaluation results (if the program is successful) to further the diffusion of the PCMH model across the state.

3. Assist in the development of CMS MAPCD Grant Response

The MHCC is currently evaluating participating in the CMS Multi-payer Advanced Primary Care Practice (MAPCP) Demonstration program that is open to states that are developing and have implemented or will be ready to implement in 2010 or the first half of 2011, a multi-payer initiatives that promote the principles of advanced primary care practice (APCP), which is often referred to as the patient-centered medical home.

The consultant identified through this bid board will serve as member of the proposal team. The consultant will perform activities for the grant submission as assigned by the Director for the Center for Analysis and Information Services. The consultant may draft selected sections of the RFP including:

- The description of how the State will evaluate and monitor the effect of the initiative on access to care (particularly primary care), quality of care (using structure, process, and outcome measures), and patterns of utilization and expenditure.
- The plan for integrating public and private health promotion and disease prevention initiatives into the PCMH pilot, in particular how the participating practices will both support and make use of the health promotion initiatives.
- The plan for recruiting participating practices and how Medicare beneficiaries are to be engaged in the program given requirements under federal and Maryland law.

The consultant will also head various proposal response teams at the direction of the Director. For example, the consultant may be asked to lead the ‘red team’ conducts the review to ensure that the MHCC grant proposal is fully responsive to CMS Grant requirements.

B. Project Deliverables and Timelines

The contract resulting from this bid board notice is on a time and materials basis. The vendor must be able to provide assistance within MHCC’s timetable of activities. The timetable is as follows:

Strategic Initiatives	Period of Performance	Probable Deliverable
Create Outreach & Engagement Strategy	7-15-2010 12-1-2010	Outreach plan, Presentations of outreach plan
Develop an Evaluation Procurement Plan and RFP	7-1-2010 12-1-2010	Plan RFP
Assist in the development of CMS APC grant response	6-17-2010 7-31-2010	Draft sections of grant Red team review products

III. Technical Specifications

The consultant may use his/her offices or facilities at the Maryland Health Care Commission to conduct the analyses based on the requirements of each particular task. All reports and analyses completed under this contract shall be submitted in paper form and electronically in Microsoft Word 2003 or 2007 format. Any analyses, databases, source programs, and documentation developed under the contract resulting from this bid board notice shall be submitted to MHCC at the completion of each task. Data supplied to the consultant or created in the course of work shall be destroyed or returned to the MHCC at the conclusion of the contract.

A. Personnel Requirements

MHCC has established a single labor category for this notice. However, a consultant may propose one or more staff in this category. Any person offered must be firmly committed to work on the effort.

Labor Categories
<p>The Consultant must hold a Master's of Business Administration or equivalent degree in economics or public health with a minimum of 15 years experience in planning, developing and evaluating health care initiatives in the Maryland or the surrounding states or the District. The consultant must be familiar with the physician practice issues and approaches that are being proposed to address enhanced primary care and physician workforce issues in federal health care reform legislation. The Commission requires specific experience in the following areas:</p> <p>Strategic Planning and Program Development: Documented experience in product positioning analyses and have assessed organizational strengths, weaknesses, opportunities and threats that will impact product launch. In developing product programs must have experience in developing programs for physicians, nurses and executives.</p> <p>Program Evaluation: The consultant must have analyzed processes and outcomes by examining activities and be familiar with strategies and approaches evaluations may use to access the impact of a health care innovation.</p> <p>Communications: The Consultant must have developed integrated communications campaigns to disseminate information on health care initiatives to physicians, nurses, employers, and the patients. Should be well-versed in how to use the media in outreach activities. Most possess knowledge on the possible value of various media approaches including websites, electronic social media, e-mail communications, newsletters, brochures, reports, screenings, seminars, and direct mail approaches.</p>

B. Terms of Contract

The contract will begin on or about June 24, 2010 and will end March 31, 2010.

C. Issuing Office

The issuing office for this solicitation is the Maryland Health Care Commission, 4160 Patterson Avenue, Baltimore, Maryland 21215; Attention: Ms. Sharon Wiggins.

D. Submission Deadline

In order to be eligible for consideration, an original proposal must be received at the Commission's office as referenced in Section I. C. above by **4:00 p.m. Eastern Standard Time on Friday, June 18, 2009**. All bids must include a Social Security Number or Federal Identification Tax Number. Consultants mailing proposals should allow sufficient mail delivery time to ensure timely receipt by the Commission. Bids will be accepted via e-mail to swiggins@mhcc.state.md.us no later than the above specified date and time.

E. Procurement Method

The procurement method for this solicitation is a small procurement as described in the Code of Maryland Regulations (COMAR) 21.05.07. The consultant will be paid on a time and materials basis for the tasks. The maximum award allowed under these regulations is **\$25,000**.

For additional information about the procurement specifications, please contact Ben Steffen, Director, Center for Information Services and Analysis, Maryland Health Care Commission at:

Phone: 410-764-3573

FAX: 410-358-1236

E-Mail: bsteffen@mhcc.state.md.us

F. Information Required In Proposals

1. Please provide a brief description (5 pages or less) of your approach to completing the tasks.
2. Please include an individual resume for the person(s) who will be assigned to conduct the work. The resume should include the amount of experience the individual has relative to the work called for in this solicitation. A letter of commitment to work on the project from the individual should be included with the response.
3. Please complete the following matrix and calculate the average weighted rate associated with each person and the estimated time percentage on the overall effort of that person's contribution to the project. This information will be used for evaluation purposes and bid comparisons. Billing under the contract will be for actual hours worked by each individual up to a maximum total billing of \$25,000 for the contract. The hourly rate should be fully loaded and reflect all direct and fringe expense. Also please include a mileage rate for automobile expenses.

Labor Category	Estimated Share of Contract Hours	Hourly Rate
Consultant 1	%	\$
Consultant 2	%	\$
Average Weighted Rate Note Average= Hourly Rate 1* % share of hrs 1+ Hour Rate 2* %share of hrs 2 + Hourly rate 3....		\$

The contractor is required to bid one or more consultants		
Mileage Rate for Automobile Expense		

4. Provide the names of three references the Evaluation Committee may consult regarding the quality of previous work. References may be from former employers or past consulting engagements.

G. SELECTION PROCESS

1. Evaluation Committee: An Evaluation Committee appointed by the Issuing Office will evaluate all proposals received by the closing deadline. The Evaluation Committee may request additional technical assistance from any source.
2. Evaluation Process: The evaluation criteria set forth below are arranged in descending order of importance. (Therefore, (1) is more important than (2). Within each criterion, any sub-criteria are also arranged in descending order of importance. (In other words, 1.a is more important than 1.b; and 1.a, is more important than 1.c., etc.) In addition, it would be improper to assume that 2.a. is either less important or more important than 3.a., 3.b., etc. A prospective consultant can only conclude that criteria 3 as a whole is less important than criteria 2 as a whole.

H. Selection Criteria

1. Experience and Qualifications of the Proposed Consultant
 - a. At least 15 years experience working for health care delivery system or health policy/management consulting firm.
 - b. Knowledge of models of primary care particularly advanced primary care and the Patient Centered Medical Home model of primary care, particularly as envisioned in the Maryland PCMH program.
 - c. Experience with strategic planning and program development in a health care environment.
 - d. Experience developing and launching outreach plans on new health care programs and products for physicians and other health providers.
 - e. Experience designing and conducting program evaluations for health care initiatives for health care organizations of the public.
2. Approach for completing the Tasks described above in Description of the Work

I. Evaluation Process

The Evaluation Committee will evaluate each technical proposal using the evaluation criteria set forth above. Only those technical proposals deemed reasonably susceptible of being selected for an award and whose offeror is initially judged to be “responsible” shall

be considered “qualified offerors.” All other proposals will not be considered qualified and the offerors shall be so notified.

J. BASIS FOR AWARD

The vendor with the most advantageous offer to the State will be awarded the contract. This contract is solicited in accordance with COMAR 21.05.07, Small Procurement.

**MINORITY BUSINESSS ENTERPRISES AND SMALL SUBINESSES ARE
ENCOURAED TO RESPOND TO THIS SOLICITATION**